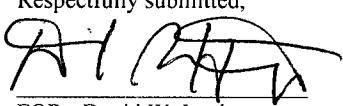


TRANSMITTAL FORM

Application Serial Number	10/707,043
Filing Date	November 17, 2003
First Named Inventor	Richard Chesbrough
Group Art Unit	3768
Examiner Name	Ellsworth Weatherby
Attorney Docket No.	14673-129US
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] 	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	Change of Correspondence Address
<input type="checkbox"/> Petition for Extension of Time (1 month)		
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 		

CORRESPONDENCE ADDRESS		SIGNATURE BLOCK
Direct all correspondence to: PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 2004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 CUSTOMER NO: 61263		<p>Respectfully submitted,  FOR: David W. Laub BY: David J. Baltazar, Reg. No. 53,964 Attorneys for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004 </p>